

JUL 20 2006

PTO/SB/62 (01-08)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/751,119
Filing Date	1/05/2004
First Named Inventor	Mehio, Nizar Youssef
Art Unit	1731
Examiner Name	Mayes, Dione Walls
Attorney Docket Number	3117-101

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR


☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with  
Customer Number: 

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Blankenship Law, PLLC				
Address	2815 Hartland Road Suite 120				
City	Falls Church	State	VA	Zip	22043
Country	USA				
Telephone	703-205-0044	Email	attorney@blankenshiplawpllc.com		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Nizar Youssef Mehio		
Date	7/12/2006	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 9 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JUL 20 2006

PTO/SB/01 (01-06)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/751,119
Filing Date	1/05/2004
First Named Inventor	Mehlo, Nizar Youssef
Title	Modular Smoking Apparatus
Art Unit	1731
Examiner Name	Mayes, Dionne Walls
Attorney Docket Number	3117-101

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
M. Keith Blankenship	53,997

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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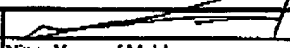
<input checked="" type="checkbox"/>	Firm or Individual Name	Blankenship Law, PLLC				
Address		2815 Hartland Road Suite 120				
City		Falls Church	State	VA	Zip	22043
Country		USA				
Telephone		703-205-0044	Email	attorney@blankenshiplawpllc.com		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	7/12/2006
Name	Nizar Youssef Mehlo	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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